



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PATIENT AMERICANS WITH DISABILITIES ACT (ADA) ACCOMMODATIONS

Effective Date: October 18, 2016

Policy #: HR-25

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- I. PURPOSE:** To outline the policy and process to be used by hospital staff to assess a patient's abilities and the steps to take to engage a patient's need for an accommodation pursuant to the Americans with Disabilities Act (ADA) in the provision of treatment for patients at Montana State Hospital (MSH).

To outline the policy and process to be used by hospital staff to assess a patient's abilities and the steps to take to assess a patient's need for an ADA accommodation.

- II. POLICY:** Possible need for an ADA accommodation is assessed upon a patient's admission to MSH and on a continuing basis while the patient remains at MSH. Such assessment is based on the patient's history, observation, and knowledge of the patient's disability. When a possible need for an ADA accommodation is identified, staff shall initiate an interactive dialogue with the patient. If the patient is unable to engage in an interactive dialogue, staff shall engage in an interactive dialogue with the patient's designated representative. Staff may recommend a reasonable accommodation to assist the patient with a disability. Examples of reasonable accommodations include providing the patient with devices or services to aid hearing, speaking/communicating, seeing, walking, physically accessing services, or authorizing the use of service animals.

III. DEFINITIONS:

- A. **ADA Disability:** A disability that substantially limits a patient in one or more major life activities including, but not limited to, thinking, walking, talking, seeing, breathing, or hearing.
- B. **Interactive Dialogue:** A discussion with a patient with a disability, or his/her designated representative, regarding the patient's possible need for an accommodation in order to assist the patient in the provision of treatment at MSH.
- C. **Service Animal:** A guide dog, signal dog or other animal trained to work or perform tasks for the benefit of a patient with a disability. Examples include:
- Guiding a patient with a vision impairment.
 - Alerting a patient with a hearing impairment.
 - Assisting a patient with mobility needs.
 - Providing psychiatric services for a patient.

IV. RESPONSIBILITIES:

- A. Program Managers, Treatment Team Members, Social Workers, and Providers shall be an integral part of addressing patient needs for ADA accommodations.
- B. Supervisors will ensure their employees are in compliance with this policy.
- C. A patient approved to have a service animal will complete and sign the Service Animal Agreement attached.

V. PROCEDURE:

- A. Each patient admission shall be assessed for a possible need for an accommodation of a disability, if known. (In some cases a disability may be apparent and can be assessed on admission).**
- B. A patient's known disability on admission shall be referred to the patient's treatment team for review and recommendation of a possible need for an accommodation.
- C. A recommended accommodation for a patient will be referred to the Human Resources/EEO Officer of MSH who will review the recommended accommodation and approve or deny the accommodation.
- D. An approved accommodation will be implemented by the patient's treatment team.
- E. If a patient requests the use of a service animal, the patient will provide MSH with verification of the need for a service animal.
- F. A recommended accommodation for a patient's use of a service animal requires notification of the treatment unit personnel for review and input.
- G. If a patient is approved to have a service animal, the patient will complete and sign the Service Animal Agreement.
- H. **PATIENT ACCOMMODATION APPEAL:** In the event a patient or designated representative of a patient believes an accommodation is not appropriate or does not meet the needs of the patient, an appeal may be made through the patient grievance process or pursuant to the Department of Public Health and Human Services [Equal Opportunity, Nondiscrimination, and Harassment Prevention Policy](#).

In addition to, or in lieu of, filing a complaint of unlawful discrimination or retaliation under this complaint process, individuals may file a complaint with an applicable state or federal agency. Jurisdiction may vary based on the nature of the complaint. For advice, assistance and an explanation of filing deadlines, individuals may contact the following:

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- Montana Human Rights Bureau (HRB) – 33 South Last Chance Gulch, Suite 2B, P.O. Box 1728, Helena, MT 59624-1728, (406) 444-2884, (800) 542-0807; Fax (406) 443-3234; TTY (406) 444-0532, **montanadiscrimination.com**; or
- United States Equal Employment Opportunity Commission (EEOC) – Federal Office Building, 909 First Avenue, Suite 400, Seattle, WA 98104-1061, (800) 669-4000; Fax (206) 220-6911; TTY (800) 669-6820, **<http://www.eeoc.gov>**; or
- Office for Civil Rights (OCR), U.S. Department of Health and Human Services – 1961 Stout Street, Room 08-148, Denver, CO 80294, Voice Phone (800) 368-1019; Fax (202) 619-3818; TDD (800) 537-7697, **<http://www.hhs.gov>**.

VI. REFERENCES: Section 504 of the Americans with Disabilities Act, as amended.

VII. IN COLLABORATION WITH: MSH Hospital Administrator, Medical Director, Director of Nursing, Director of Clinical Services, and Human Resources Director.

VIII. RESCISSIONS: None, new policy.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per Administrative Rule of Montana 37.106.330.

XI. FOLLOW-UP RESPONSIBILITY: Director of Human Resources.

XII. ATTACHMENTS:

A. Service Animal Agreement.

_____/_____/_____
Jay Pottenger Date
Montana State Hospital Administrator

_____/_____/_____
 Todd Thun Date
 Director of Human Resources

Montana State Hospital

Support Animal Agreement

As an accommodation pursuant to the Americans with Disabilities Act (ADA), the patient listed below will be permitted to bring an emotional support animal (SA) to his/her assigned treatment unit. This agreement and all supporting documents shall be maintained in the patient's medical record and by the MSH EEO Officer (HRD).

Part 1:

Patient Name: _____

Part 2:

Animal Information:

Type of Animal: _____

Animal's Name: _____

Animal's Breed: _____

Size: _____

Color/Identifying Markings: _____

Part 3: Agreement

The following section details the terms governing the use of an emotional support animal. These terms are based on the need for MSH to ensure the proper safety of all employees and patients. Patient shall initial each section to signify he/she has read, understands, and agrees to each term.

Rules Governing Agreement:

- Patient affirmatively states that his/her SA is properly trained, properly socialized with people, and does not pose a threat to people. Proper training and socialization includes, but is not limited to: does not jump up on people, does not show aggression towards people, does not respond aggressively when surprised, properly responds to commands given by patient, and is properly housebroken. Any injury to another person by the SA shall be the sole responsibility of the patient. Any aggressive behavior by the SA shall be cause for termination of this agreement.

Patient Initials: _____

- Patient has sole responsibility for supervision and care of the SA. The SA shall not be left unattended for long periods of time. Failure to properly supervise and/or care for the SA shall be cause for termination of this agreement.

Patient Initials: _____

- Patient shall provide timely breaks for the SA in the break area as designated. Animal waste shall be immediately bagged in a closed bag appropriate for animal waste and disposed of in an outside dumpster. Failure to properly dispose of animal waste shall be cause for termination of this agreement.

Patient Initials: _____

- Patient shall keep the SA current on all vaccinations and provide current vaccination records to the MSH EEO Officer (HRD). Failure to keep the SA current on vaccinations and/or failure to provide current vaccination records shall be cause for termination of this agreement.

Patient Initials: _____

- Patient shall maintain proper control over the SA at all times. The SA shall not be allowed to move unsupervised through the Hospital. Proper control is maintained through the use of a leash or other tethering device while moving through the hospital and through the use of a kennel when patient is not present with the animal. Failure to maintain proper control over the SA shall be cause for termination of this agreement.

Patient Initials: _____

Part 4: Case Specific Rules

Due to specific circumstances surrounding this agreement, the following terms shall be enforced. Patient shall initial each section to signify he/she has read, understands, and agrees to each term.

- When accompanied by the SA, patient shall only enter and exit the building through established routes.

Patient Initials: _____

- Patient shall not take the SA to Non- Assigned Patient Areas.

Patient Initials: _____

Part 5: Finalized Agreement

My signature below certifies that my emotional support animal (SA) is properly vaccinated, trained, and does not demonstrate any threatening or violent behavior and that I agree to the terms outlined in this agreement. I understand that I am solely responsible for the proper care and supervision of my SA and I am solely liable for any damage or injury my SA may cause. Furthermore, I understand that this agreement may be terminated if any one or more terms are violated.

Patient Printed Name

Date

Patient Signature

Administrator Printed Name

Date

Administrator Signature

NOTE: This agreement and all supporting documentation contain medical information. As a result, this agreement and all supporting documentation shall be maintained by the Medical Records Department and the MSH EEO Officer (HRD).